

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Attorney, District of Alaska
222 W 7th Ave. Rm 253 #9
Anchorage, AK 99513



9590 9402 9180 4225 1596 24

2. Article Number (Transfer from service label)

689 0710 5270 0079 6747 89

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-26-24

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

001

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

US Attorney for District of Alaska
222 W 7th Ave Rm 253 #9
Anchorage, AK 99513



9590 9402 9180 4225 1596 00

2. Article Number (Transfer from service label)

9589 0710 5270 0079 6747 72

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-26-24

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Holland

Domestic Return Receipt

49
6747
0079
0000
5270
0710
0720
9589

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage and Fees

\$

Sent To
U.S. Attorney, District of Alaska
222 W 7th Ave Rm 253 #9
Anchorage, AK 99513

Street and Apt. No. or PO Box No.
City, State, ZIP+4®

DEC 23 2024

Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

72
6747
0079
0000
5270
0710
0720
9589

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage and Fees

\$

Sent To
U.S. Attorney, District of Alaska
222 W 7th Ave Rm 253 #9
Anchorage, AK 99513

Street and Apt. No. or PO Box No.
City, State, ZIP+4®

DEC 23 2024

Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

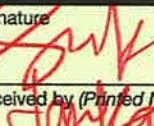
1. Article Addressed to:

United States Atty, District
of Alaska
222 W 9th Ave Box 2534
Anchorage, AK 99513



9590 9402 9180 4225 1598 22

49 0710 5270 0079 6748 02

COMPLETE THIS SECTION ON DELIVERY	
<p>A. Signature</p> 	
<p>B. Received by (Printed Name)</p> 	
<p>C. Date of Delivery</p> <p>12-26-24</p>	
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Atty General of U.S.
Dept. of Justice
950 Pennsylvania Ave. NW
Washington DC 20530*

INCB



9590 9402 9180 4225 1598 46

2 Article Number (Transfer from service label)

9589 0710 5270 0079 6748 3

2011 14-2020 201702 00 000 0052

COMPLETE THIS SECTION ON DELIVERY		
<p>A. Signature <i>John Doe</i></p> <p>X</p> <p>B. Received by <i>John Doe</i> (Printed Name)</p>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		C. Date of Delivery
<p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>EXPECTED 28</p>		
<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 		

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
<p>Certified Mail Fee</p> <p>\$ <u> </u></p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ <u> </u></p> <p><input type="checkbox"/> Return Receipt (electronic) \$ <u> </u></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ <u> </u></p> <p><input type="checkbox"/> Adult Signature Required \$ <u> </u></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ <u> </u></p>	
<p>Postage</p> <p>\$ <u> </u></p> <p>Total Postage and Fees</p> <p>\$ <u> </u></p>	
<p>Sent To</p> <p>U.S. Att'y District of Alaska Street and Apt. No., or P.O. Box No. 222 W 7th Ave P.O. Box 253 #9 Anchorage, AK 99513</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
\$	
Total Postage and Fees	
\$	
Sent to	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4	

1776 (General) of United States
 950 Pennsylvania Ave
 Washington DC 20530

Postmark
 Here
 12/23/2020

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Atty. District of Alaska
222 W 7th Ave. Rm 253 #9
Anchorage, AK 99513



9590 9402 9180 4225 0629 31

Article Number (Transfer from service label)

9589 0710 5270 0079 6747 96

PS Form 3811, July 2020 PSN 7530-02-000-9053

bLM Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
\$

Total Postage and Fees
\$

Sent To:
U.S. Atty. District of Alaska
Street and Apt. No., or PO Box No.
222 W 7th Ave Rm 253 #9
City, State, ZIP+4
Anchorage, AK 99513

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0079 6747 96

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

John S. Santa

C. Date of Delivery

12-26-24

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

John S. Santa

C. Date of Delivery

12-26-24

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

Atty General of U.S.
Dept. of Justice
950 Pennsylvania Ave. NW
Washington, D.C. 20530-0000



9590 9402 9180 4225 0629 48

Article Number (Transfer from service label)

9589 0710 5270 0079 6748 26

PS Form 3811, July 2020 PSN 7530-02-000-9053

DCI Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
\$

Total Postage and Fees
\$

Sent To:
Atty General of United States
Street and Apt. No., or PO Box No.
950 Pennsylvania Ave.
City, State, ZIP+4
Washington, DC 20530

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0079 6748 26

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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1. Article Addressed to:

Atty General of U.S.
Dept. of Justice
950 Pennsylvania Ave
Washington DC 20530



9590 9402 9180 4225 1598 60

9589 0710 5270 0079 6748 40

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

JAN 08 RECD

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

INSPECTED 28

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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Atty General of U.S.
Dept. of Justice
950 Pennsylvania Ave NW
Washington DC 20530



9590 9402 9180 4225 1598 84

2. Article Number (Transfer from service label)

9589 0710 5270 0079 6748 19

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

JAN 08 RECD

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

PS Form 3811, July 2020 PSN 7530-02-000-9053

5 M

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage and Fees

\$

Send To:
Atty General of United States
Street and Apt. No., or PO Box No.
950 Pennsylvania Ave NW
City, State, ZIP+4
Washington, DC 20530

PS Form 3800, January 2023 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage and Fees

\$

Send To:
Atty General of United States
Street and Apt. No., or PO Box No.
950 Pennsylvania Ave NW
City, State, ZIP+4
Washington, DC 20530

PS Form 3800, January 2023 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

US Dept of The Interior
1849 C St. NW
Washington DC 20240



9590 9402 9180 4225 1598 39

Article Number
9589 0710 5270 0079 6744 99

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

G. Deeks

C. Date of Delivery

11/3/25

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

 Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.

- Print your name and address on the reverse so that we can return the card to you.

- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BLM
1849 C St. NW
Washington, DC 20240



9590 9402 9180 4225 0629 24

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

M. D. Neff

C. Date of Delivery

11/10/25

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

 Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

US Dept. of The Interior
1849 C St. NW
Washington, DC 20240

PS Form 3800, January 2023 PSN 7530-02-000-9047

See Reverse for Instructions

DEC 23 2025
Postmark Here

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

BLM
1849 C St. NW
Washington, DC 20240

PS Form 3800, January 2023 PSN 7530-02-000-9047

See Reverse for Instructions

DEC 23 2025
Postmark Here

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Deb Haaland
Secretary of the Interior
1600 Pennsylvania Ave. NW
Washington DC 20240



9590 9402 9180 4225 1596 17

9589 0710 5270 0079 6745 05

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

G. Dallas

C. Date of Delivery

1/3/25

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below:

No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tracy Stone-Manning
1249 C St. NW
Washington DC 20240



9590 9402 9180 4225 1598 77

2. Article Number (Transfer from service label)

9589 0710 5270 0079 6748 57

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

Michael J. Weis

C. Date of Delivery

1/18/25

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below:

No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

5589 0710 5270 0079 6745 05

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ Return Receipt (electronic) \$ Certified Mail Restricted Delivery \$ Adult Signature Required \$ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To: Deb Haaland
Street and Apt. No. or PO Box No. 1600 Pennsylvania Ave NW
City, State, ZIP+4 20240

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ Return Receipt (electronic) \$ Certified Mail Restricted Delivery \$ Adult Signature Required \$ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To: Tracy Stone-Manning
Street and Apt. No. or PO Box No. 1249 C St. NW
City, State, ZIP+4 20240

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions